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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

SR
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SR

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Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials SR				

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TITLE

TYROSINE PHOSPHORYLATED CLEAVAGE FURROW-ASSOCIATED PROTEINS (PSTPIPS)

FILING FEE RECEIVED 974	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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